

There is no time limit on your right to request waiver.

If you request waiver **within 30 days**, from the date of this notice, we will not start withholding any part of your benefits.

If you request waiver **after 30 days**, we will stop any withholding while we consider your waiver request. And, if we asked you to refund the overpayment, you won't have to make any refund while your waiver request is being considered.

If we cannot approve your request for waiver, we will contact you to schedule a personal conference. At that conference you or your representative can explain why you should not have to repay the overpayment.

Also, you or your representative may present witnesses on your own behalf and, if you wish, question any witnesses that we used in making the determination under review.

We will notify you in writing of the results of your waiver request, and whether or not you must repay the overpayment. That notice will explain your right to appeal.

If you don't want a conference, you still have the right to appeal. We will notify you of other appeal rights.

**BE SURE TO CALL A  
SOCIAL SECURITY OFFICE  
IF YOU HAVE ANY QUESTIONS.**

If you wish to request either a reconsideration of the overpayment and/or waiver of recovery of the overpayment, you should fill out this form. You can mail it to any Social Security office.

If it is convenient, please mail this form to your nearest Social Security office.

\_\_\_\_\_  
YOUR SOCIAL SECURITY CLAIM NUMBER  
(As it appears on the check)

\_\_\_\_/\_\_\_\_/\_\_\_\_\_  
\_\_\_\_\_  
YOUR NAME (Print)

\_\_\_\_\_  
YOUR ADDRESS (Print) (No. and Street, Apt.  
No., P.O. Box, or Rural Route)

CITY AND STATE	ZIP CODE

\_\_\_\_\_  
YOUR DAYTIME TELEPHONE NO.  
(Include Area Code)

\_\_\_\_\_  
DATE

Form **SSA-3105** (4-92)

\*U.S. G.P.O.: 1992 — 312-181/50065